Image# 11971727049 PAGE 1 / 4

FEC FORM 1		STATE								Office	Use C	Only			
1. NAME OF COMMITTEE (in	n full)	(Check if r		Example over the	e:If typing e lines.	g, type	1:	2FE4	1M5						
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ADDRESS (number a	nd street)	P.O. Box 50193													
(Check if aci is changed)		Sparks				1		1^ I	3	39434			<u> </u>	<u>                                     </u>	
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COMMITTEE'S E-MA		MURAT.OZBEK@	-		ss)										
(Check if is change															
COMMITTEE'S WEB	PAGE ADD	RESS (URL)													
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is change															
2. DATE 09	9 14	2011													
3. FEC IDENTIFIC	CATION NUI	MBER	C C003	367995											
4. IS THIS STATEM	MENT X	NEW (N)	OR		AMEND	DED (A)									
I certify that I have e	examined this	s Statement and to	the best of	f my knov	wledge ai	nd belief	f it is tr	ue, co	rrect a	and co	mple	te.			
Type or Print Name	of Treasurer	Mrs. Eren Akman													_
Signature of Treasure	Mrs. Ere	n Akman		[Ei	lectronical	lly Filed]	Date	e	м м	/	14	<b>'</b> [	20	)11	Y
NOTE: Submission of		ous, or incomplete in								ne per	nalties	of 2	U.S.C	§437	g.
000		<u> </u>		1-	. formath and t	f = = t1									_

L	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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